FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION (See instructions)								04:		ı			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exan	nple: If typyir the lines	ng, type	[	12FE	4M5	Office	ce use on	ly			_
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2. DATE M. !	M / D D / Y	<u> </u>												
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3. FEC IDENTIFICA	ATION NUMBER	C	C C00	365551										
4. IS THIS STATEM	MENT X NEW	I (N) OR		AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is tr	ue, correct	t and c	omplet	e						_
Type or Print Name of	Treasurer	Ms. Jill Mellinger												
Signature of Treasure	r Electronically File	d by Ms. Jill Me	llinger			Da	te	<sup>M</sup> <b>0</b> 4	M /	0 8	3 ′	<b>2</b>	<b>0</b> 0	<b>8</b>
NOTE: Submission of fa		nplete information may								f 2 U.S.	C. S43	7g.		
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